SEMINOLE COUNTY GOVERNMENT AGENDA MEMORANDUM

SUBJECT: Commissioner Travel Reimbursement

DEPARTMENT: County Manager Office **DIVISION:**

AUTHORIZED BY: Cindy Coto CONTACT: Cynthia Coto EXT: 7211

MOTION/RECOMMENDATION:

Approval by the Board of County Commissioners to reimburse miscellaneous mileage expenses for Commissioner Henley.

County-wide Cynthia Coto

BACKGROUND:

See attached Travel Voucher.

ATTACHMENTS:

1. Travel voucher

Additionally Reviewed By: No additional reviews

STATE OF FLORIDA VOUCHER FOR REIMBURSEMENT OF TRAVEL EXPENSES

Traveler: Carlton D Henley Social Security No.

Account Line: 1010053040 Residence (City): Longwood

Agency: Seminole Co BCC

Headquarters: CSB - Sanford

					Per Diam						
Date	Travel Performed	Purpose or Reason			or Actual	Class	Map	Vicinity			
	From Point of Origin	(Name of Conference)			Lodging	С	Mileage	Mileage	Other	Expenses	
	To Destination		Departure	Return	Expenses	Meals	Claimed	Claimed	Amount	Туре	
6/30/08	Home to Orlando and Return	MPO Public Hearing	5:00 PM	7:00 PM				28			
7/1/08	Home to Orlando and Return	LYNX	1:30 PM	5:00 PM				24			
7/18/09	Home to Orlando & Return	MPO Alliance mtg in Lakeland	9:00AM	3:30 PM				28			
		rode w/Harry Barley from MPO									
7/24/08	Home to Orlando & Return	MPO Alliance mtg-Marriot by OIA	3:00 PM	8:00 PM				52			
8/13/08	Home to Orlando & Return	MPO Exec Comm Mtg	9:00 AM	12:00 PM				28			
8/21/08	Home to Orlando & Return	LYNX	1:00 PM	4:00 PM				24			
9/19/08	Home to Orlando & Return	Commuter rail Commission @ MPO	1:00 PM	5:00 PM				28			
9/25/08	Home to Orlando & Return	LYNX	9:00 AM	12:00 PM				24			
10/8/08	Home to Orlando & Return	MPO	9:00 AM	12:00 PM				28			
10/17/08	Home to Orlando & Return	MPO Alliance @ MPO	9:30 AM	2:00 PM				28			
10/23/08	Home to Orlando & Return	LYNX	9:30 AM	1:00 PM				24			
10/24/08	Home to Orlando & Return	Transportation Committee Mtg @ MPO	9:30 AM	1:00 PM				28			
Statement of Benefits to the State: (Conference or Convention)			•		Column	Column	Column	344	Column		
	`	,			Total	Total	Total	0.585	Total	TOTAL	
						\$0.00	0	\$ 201.24	\$0.00	\$201.24	
Revolving Fund: Advance:					•		•				
Check No		Warrant No.		LESS ADVANCE RECEIVED							
Check Date		Warrant Date		LESS CLASS C MEALS (Officers/Employee Only)							
Agency Voucher No.		Statewide Doc. No.		NET AMOUNT DUE							
		Agency Voucher No.									
I hearby certify that the above expenses were actually incurred by me as necessary travel expenses in the performance of my official				Pursuant to Section 112.061 (3) (a), Florida Statutes, I hereby certify or affirm that to the best of my knowledge the above travel was							
duties; attendance at a conference or convention was directly related to official duties of the agency; any meals or lodging included in a confer-				on official business of the State of Florida and was performed for the purpose(s) stated above.							
ence or convention registration fee have been deducted from this travel claim; and that this claim is true and correct in every material matter				1. 1							
and same conforms in every respect with the requirements of Section 112.061, Florida Statutes.				SUPERVISOR'S SIGNATURE:							
TRAVELER'S SIGNATURE:				SUPERVISOR'S TITLE:							
DATE PREP		<u> </u>			DATE APPROVED:						